

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix		Serial				
DATE R	ECEIVED)				

Filing Under (Check box(es) that app	oly): [] Rule 504 [] Rule 505 [X] Rule 5	06 [] Section 4(6) [] ULOE			
Type of Filing: [X] New Filing	FEB 10 200				
	A. BASIC IDENTIFICATION DATA	THOUGON			
1. Enter the information reques	ted about the issuer	6,000 ms. ms. 30 MF			
Name of Issuer (check if this is an a	amendment and name has changed, and indicate chan	ge.)			
Address of Executive Offices (Number and Street, City, State, Zip Co	Telephone Number (Incl. Area Code) (847) 242-9100				
Address of Principal Business C (Number and Street, City, State, Zip Co (If different from Executive Office	de)	Telephone Number (Incl. Area Code)			
Brief Description of Business Development and commercial	ization of organ preservation or transpor	t technology.			
Type of Business Organization [X] corporation	[] limited partnership, already formed	[] other (please specify):			
[] business trust	[] limited partnership, to be formed				

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GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Check Box(es) that Apply: []	Promoter []	Beneficial	[X]	Executive	ΓΥΊ	Director	r 1	General and/or
(, , , , , , , , , , , , , , , , , , ,	Tromoter []	Owner	[]	Officer	[^]	Director	11	Managing Partner
Full Name (Last name first, if individental R. Wayne Fritzsche	dual)							
Business or Residence Addres c/o IMM, 619 Bluff Street, S	•			, ,				
Check Box(es) that Apply:[]	Promoter []	Beneficial Owner	[X]	Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if indivi	dual)					4		
Business or Residence Addrese 619 Bluff Street, Suite 100,			State,	Zip Code)				
Check Box(es) that Apply:[]	Promoter []	Beneficial Owner	[]	Executive Officer	[X]	Director	[]	General and/or Managing Partner
Full Name (Last name first, if indivi John Banta	'dual)	5						
Business or Residence Addres 20 N. Wacker Drive, Suite 1	•			Zip Code)		·····		
	201, Chicag	o, IL 60606	!	Zip Code) Executive Officer	[X]	Director	[]	General and/or Managing Partne
20 N. Wacker Drive, Suite 1	201, Chicag	o, IL 60606 Beneficial	!	Executive	[X]	Director	[]	

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B. INFORMATION ABOUT OFFERING													
	Has the iss In this offer		, or doe	s the iss	suer inte	end to se	ell, to no	n-accre	dited inv	estors		Yes []	No [X]
			Ansv	wer also	in Appe	endix, C	olumn 2	, if filing	under (JLOE.			
2. What is the minimum investment that will be accepted from any individual? \$								N/A					
3. Does the offering permit joint ownership of a single unit?									Yes [X]	0N []			
ii S C n	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									vith proker ealer. If			
Full	Name (Las	st name fir	st, if indivi	dual)									
Bus	Business or Residence Address (Number and Street, City, State, Zip Code)												
Nan	ne of Asso	ciated B	sroker or	Dealer		*	-						
(Change Change Ch	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual states) [] All States [] AL [] AK [] AZ [] AR [] CA [] CO [] CT [] DE [] DC [] FL [] GA [] HI [] ID [] IL [] IN [] IA [] KS [] KY [] LA [] ME [] MD [] MA [] MI [] MN [] MS [] MO [] MT [] NE [] NV [] NH [] NJ [] NM [] NY [] NC [] ND [] OH [] OK [] OR [] PA [] RI [] SC [] SD [] TN [] TX [] UT [] VA [] WA [] WV [] WI [] WY [] PR								10 A				
Full Name (Last name first, if individual)													
Business or Residence Address (Number and Street, City, State, Zip Code)													
Stat (Ch [] A [] IL	. []IN IT []NE	ch Perso ates" or [] AZ [] IA	n Listed check ir [] AR [] KS	Has Sondividua [] CA [] KY [] NJ	olicited of I states) [] CO [] LA	[]CT []ME []NY	[]DE []MD []NC	[]DC []MA []ND	[]FL []MI []OH	[] GA [] MN [] OK	[] MS	[] IC [] M [] P	10 A

Part C — Question 1 and total expenses furnished in	n response to Part C —	\$ <u>1,610,000</u>
Question 4.a. This difference is the "adjusted gross 5. Indicate below the amount of the adjusted gross per for each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part Co.	proceeds to the issuer used ny purpose is not known, fu f the payments listed must e	rnish an estimate and
	Payments to Officers, Directors, & Affiliates	
Salaries and fees	[]\$	[]\$
Purchase of real estate (including Loan Fees)	[]\$	[] \$
Purchase, rental or leasing and installation of machinery and equipment	[]\$	[] \$
Construction or leasing of plant buildings and facilities	[]\$	[]\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$	[]\$
Repayment of indebtedness	[]\$	[]\$
Working capital	[]\$	
Other (specify):		[]\$
	[]\$	
	[]\$	
Column Totals	[]\$	
Total Payments Listed (column totals added)	[X] \$ <u>1</u> ,	610,000
D. FEDERAL	. SIGNATURE	
The issuer has duly caused this notice to be signed notice is filed under Rule 505, the following signature to the U.S. Securities and Exchange Commission, up furnished by the issuer to any non-accredited investor	e constitutes an undertaking pon written request of its sta	y by the issuer to furnish aff, the information
Issuer (Print or Type)	Signature	Date
Transplan, Inc.	17/ -	1/17/06
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Anthony Kamin	Secretary and	Exec VI
ATTE	NTION	
Intentional misstatements or omissions o	f fact constitute federal cr .S.C. 1001.)	iminal violations.
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